

Notification for Underground Storage Tanks Multiple Facility Amendment Virginia DEQ Water Form 7530-2 B (01/03)	STATE USE ONLY			
DEQ – UST Program Office of Spill Response and Remediation P.O. Box 10009 Richmond, Virginia 23240-0009 (804) 698-4010	ID Number			
	Date Received			
	Date Entered			
	Entered By			
	Approved/Rejected By			
<p>This form may be used to request simple amendments that apply to multiple facilities (that is, more than two facilities). For example, if the owner has converted to the same release detection method for all tanks at all facilities, the owner may use one Form 7530-2 B to request that the change be reflected for all active tanks at the facilities identified below. Similarly, if the owner of multiple facilities has had a name change, the owner may use one Form 7530-2 B to request that the owner's name change be reflected for all active tanks at all of the facilities identified below. This form may not be used to reflect ownership transfers. DEQ must approve requests for multiple facility amendments in order for requested amendments to become effective in DEQ's registration system.</p>				
<table border="1" style="width:100%"> <tr> <td style="width:50%">PART I: OWNERSHIP OF TANKS</td> <td style="width:50%">PART II: CONTACT INFORMATION</td> </tr> </table>			PART I: OWNERSHIP OF TANKS	PART II: CONTACT INFORMATION
PART I: OWNERSHIP OF TANKS	PART II: CONTACT INFORMATION			
A. Current Owner Name		A. Name of Contact Person		
B. Current Owner Address		B. Title of Contact Person		
C. City, State, Zip		C. Phone Number ()		
PART III: AMENDMENT REQUESTED				
<p>In the space provided below, indicate the amendment the owner is requesting:</p> <p><input type="checkbox"/> Change of owner name (write in new name in space below and attach proof of name change)</p> <p><input type="checkbox"/> Change of owner address (write in new address in space below)</p> <p><input type="checkbox"/> Change in release detection method for all active tanks at listed facilities (write in new method in space below)</p> <p><input type="checkbox"/> Other (write in requested amendment in space below)</p>				
PART IV: OWNER CERTIFICATION				
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.</p>				
_____ Name and Title		_____ Signature Date		

PART V. FACILITY INFORMATION

(Enter number of continuation pages attached: _____)

Facility Name and Address	DEQ Facility Identification Number (Required)	Facility Name and Address	DEQ Facility Identification Number (Required)
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